

STANDARD CERTIFICATE OF DEATH

43212

State File No. ....

JAN 6 1942

Registration District No. 870 874 Primary Registration District No. 615113

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Mermodell Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 37 years (Specify whether  
In this community 37 years years, months or days)

3. (a) PRINT FULL NAME Josephine Ann Douglas

3. (b) If veteran, name war  
3. (c) Social Security No. 2

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Jan 16 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 20 If less than one day  
hr. min.

9. Birthplace Ind Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

MOTHER FATHER

11. Industry of business  
12. Name John Mc Hatten

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl M. Wood

(b) Address R. 1, Ft. Scott, Kay

17. (a) Burial (b) Date thereof Nov 29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockberry Cemetery

18. (a) Signature of funeral director Henry J. Berry

(b) Address Mermodell Mo

19. (a) Dec 20 (b) Mrs. H. C. Purnin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Mermodell Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 41 hour minute M.

21. I hereby certify that I attended the deceased from Nov 20 to Nov 25 1941  
that I last saw her alive on Nov 25 1941  
and that death occurred on the date and hour stated above

Immediate cause of death myocarditis Duration

Due to Flu

Due to 93

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. H. W. Berry (M. D. or other)

Address Mermodell Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1432

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**